

DISCLOSURE DIVISION

- ☒ **WAIVER REQUEST**
☐ **ANSWER**
☐ **RECONSIDERATION REQUEST**
☐ **UNTIMELY**

DATE: 7/2/2021

DOCKET #: 2021-875

Ashley Wimberley, Director
Disclosure Division

FILER INFORMATION

Name: Kendall Allen Broussard
Address: 127 West Broad St., Suite 800, Lake Charles, LA 70601
Office/Position: Louisiana Tobacco Settlement Financing Corporation
of Disclosures/Amendments Filed with Agency: 12
Years Covered: 2009-2019
Final Report: No

REPORT INFORMATION

Name of Report: Tier 2.1 Annual Personal Financial Disclosure covering calendar year 2019
Report ID: PFD21004142
Original Due Date: 7/6/2020
NOD Received: 4/12/2021 - Signed by: Unable to Determine
PFD/Answer Due Date based on NOD: 4/21/2021
PFD/Answer Filed: 4/26/2021

LATE FEE INFORMATION

Amount of Late Fee: \$250
Days late from receipt of NOD: 5
Total days late from initial due date: 294
Late Fee Order Received: 5/10/2021
Payment/Waiver Request Due Date: 5/30/2021
Waiver Request Received: 5/11/2021

COMMENTS:

Kendall A. Broussard stated his home and office suffered significant damage from Hurricanes Laura and Delta. His affairs have been in disarray since and his focus has been "getting back on his feet". He apologizes and stated that he has taken steps to prevent this from happening in the future. This is Mr. Broussard's first late fee assessment.

OTHER LATE FEE INFORMATION

Disclosure Statements:

- Other Outstanding Statements: No
- Other Outstanding Late Fees: No
- Prior Late Fees: No
- Reassessed Late Fees: No

Campaign Finance:

- Outstanding Late Fees: No
- Prior Late Fees: No

- Need add. info. on
financial hardship

**Broussard & Company**
Certified Public Accountants

May 11, 2021

State of Louisiana
LA Board of Ethics
Attn: Donna Bourgeois
P O Box 4368
Baton Rouge, LA 70821

225-381-7270

RE: Tier 2.1 Reporting - Late Fee Assessment PFD21004142

Dear Ms. Bourgeois:

I am in receipt of your notice regarding the late fee assessment of \$250. I am requesting a waiver of this assessment due to various circumstances surrounding the reporting period.

I regret delinquent filing of the requested report. Unfortunately, my office, mail, and personal affairs have been in disarray since Hurricane Laura and Delta. My home and office sustained significant damage. My focus has been to "get back on my feet". I take filing deadlines seriously and wish this hadn't happened. Certain steps have been put into place to help prevent this from happening again.

Thank you for your consideration.

Kendall A. Broussard, CPA





STATE OF LOUISIANA
DEPARTMENT OF STATE CIVIL SERVICE
LOUISIANA BOARD OF ETHICS
P. O. BOX 4368
BATON ROUGE, LA 70821
(225) 219-5600
FAX: (225) 381-7271
1-800-842-6630
www.ethics.la.gov

CERTIFIED MAIL

NO. 70200090000057837839

RETURN RECEIPT REQUESTED

April 9, 2021

Kendall Allen Broussard
127 West Broad Street, Suite 800
Lake Charles, LA 70601

RE: NOTICE OF DELINQUENCY - FAILURE TO FILE
Statement covering 2019 (originally due on July 6, 2020)
Louisiana Tobacco Settlement Financing Corporation

Dear Kendall Allen Broussard:

Pursuant to La. R.S. 42:1124.4, if a person fails to file a Personal Financial Disclosure Statement as required by 42:1124, 1124.2, 1124.2.1, or 1124.3; omits information; or files inaccurately, a Notice of Delinquency shall be issued. A review of our records indicates that we have not received your Personal Financial Disclosure Statement.

You have 7 business days from the date of receipt of this Notice to file your Tier 2.1 Personal Financial Disclosure Statement covering 2019, which was originally due on July 6, 2020, or to submit an Answer explaining why you feel you are not required to file a Personal Financial Disclosure Statement. Failure to file a Personal Financial Disclosure Statement or an Answer within the 7 business days will subject you to an automatic late fee of \$50 per day up to a maximum of \$1,500. Proof of timely filing is determined by the U.S. Postal Service postmark; commercial delivery service; fax, upload, or electronic filing confirmation date stamp.

The form for the Tier 2.1 Personal Financial Disclosure Statement (Form 417) is available on the Louisiana Board of Ethics website at www.ethics.la.gov. If you have any questions, you may contact me at 225/219-5600 or 800/842-6630.

Sincerely,

Lisa Ford
Program Compliance Officer

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to

**ETHICS BOARD REC'D
APR 16 '21 PM 1:37**

Kendall Allen Broussard
127 West Broad Street, Suite 800
Lake Charles, LA 70601



7839

2. Article Number

7020 0090 0000 5783 7839**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X ☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No**LE****2019**

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery

Delivery Restricted Delivery

Insurance Restricted Delivery
(over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☒ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**TIER 2.1 PERSONAL FINANCIAL DISCLOSURE STATEMENT (ANNUAL)****This Report Covers Calendar Year:** 2020☒ ORIGINAL REPORT☐ AMENDED REPORT☐ I currently hold an office that would require me to file a Tier 3 Personal Financial Disclosure Statement.
As such, I have completed SCHEDULE D.**Name of Filer** (print full name): Kendall Allen BroussardMailing Address: 127 W. Broad Street, Suite 800City, State, Zip: Lake Charles, LA 70601**Name of Board/Commission** (no abbreviations): Louisiana Tobacco Settlement Financing Corporation

Date of Appointment: _____

Date Appointment Expires: _____

Name of Spouse (print full name): Elizabeth Jacobsen BroussardSpouse's Occupation: CPA/Healthcare ConsultantPrincipal Business Address: 127 W. Broad Street, Suite 800City, State, Zip: Lake Charles, LA 70601**CHECK ONE:**

- ☒ Neither I, nor any member of my immediate family, have a personal or financial interest in any entity, contract, or business, or a personal or financial relationship, that in any way poses a conflict of interest, which would affect the impartial performance of my duties as a member of the board or commission.
- ☐ I have attached a statement describing any conflicts, and actions I am taking to resolve or avoid the conflicts.

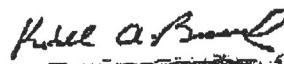
Check all that apply:

- ☐ I have filed my state income tax return for the previous year.
- ☒ I have filed for an extension of my state income tax return for the previous year.
- ☐ I have filed my federal income tax return for the previous year.
- ☒ I have filed for an extension of my federal income tax return for the previous year.

NOTE: La. R.S. 42:1124.2.1 does not provide you the opportunity to request an extension in filing your personal financial disclosure statement.

Certification of Accuracy

I do hereby certify that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge and belief.



Signature of Filer

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**TIER 2.1 PERSONAL FINANCIAL DISCLOSURE STATEMENT (ANNUAL)****This Report Covers Calendar Year:** 2018☒ ORIGINAL REPORT☐ AMENDED REPORT☐ I currently hold an office that would require me to file a Tier 3 Personal Financial Disclosure Statement.
As such, I have completed SCHEDULE D.**Name of Filer** (print full name) : Kendall Allen Broussard**Mailing Address:** 127 W. Broad Street, Suite 800**City, State, Zip:** Lake Charles, LA 70601**Name of Board/Commission** (no abbreviations): Louisiana Tobacco Settlement Financing Corporation**Date of Appointment:** _____**Date Appointment Expires:** _____**Name of Spouse** (print full name): Elizabeth Jacobsen Broussard**Spouse's Occupation:** CPA/Healthcare Consultant**Principal Business Address:** 127 W. Broad Street, Suite 800**City, State, Zip:** Lake Charles, LA 70601**CHECK ONE:**

- ☒ Neither I, nor any member of my immediate family, have a personal or financial interest in any entity, contract, or business, or a personal or financial relationship, that in any way poses a conflict of interest, which would affect the impartial performance of my duties as a member of the board or commission.
- ☐ I have attached a statement describing any conflicts, and actions I am taking to resolve or avoid the conflicts.

Check all that apply:

- ☐ I have filed my state income tax return for the previous year.
- ☒ I have filed for an extension of my state income tax return for the previous year.
- ☐ I have filed my federal income tax return for the previous year.
- ☒ I have filed for an extension of my federal income tax return for the previous year.

NOTE: La. R.S. 42:1124.2.1 does not provide you the opportunity to request an extension in filing your personal financial disclosure statement.**Certification of Accuracy**

I do hereby certify that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge and belief.

JUN 10 2019 16:46
3374397880

Signature of Filer